

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Non-Judicial Election

RECEIVED

FEB 01 2011

Secretary of State  
Capitol Office  
DATE STAMP

Name of Candidate Sampson Jackson, II  
 Address 450 Jackson Rd, Preston, MS 39354  
 Telephone 601-359-3232 Fax 601-359-5957  
 Contact Name Sampson Jackson II Email SJackson@senate.ms.gov  
 Office Sought State Senate Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

- \_\_\_\_ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory  
 \_\_\_\_ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates  
 \_\_\_\_ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates  
 \_\_\_\_ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates  
☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and  
 Political Committees  
 \_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.  
 (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).  
 (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$2950 + \$200.00	\$ 3,150 <sup>00</sup>	\$ 3,150.00
Total amount of disbursements	\$2386 + \$614.00	\$ 3,000	\$ 3,000.00
Total amount of cash on hand		\$ 150.00	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Sampson Jackson II  
Signature of Candidate

1/31/11  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2619.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Sampson Jackson IIReporting period                      through 1/31/11

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>                    </u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>EN PAC Mississippi</u>		<u>7/14/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1640</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Jackson MS 39215</u>		<u>  /  /  </u>	\$
Name of Employer (Required) <u>                    </u>		<u>  /  /  </u>	\$
Occupation (Required) <u>                    </u>		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Association</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Electric Power Associations of MS</u>		<u>10/29/10</u>	\$ <u>700.00</u>
Mailing Address <u>P.O. Box 3300</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Ridgeland, MS 39158</u>		<u>  /  /  </u>	\$
Name of Employer (Required) <u>                    </u>		<u>  /  /  </u>	\$
Occupation (Required) <u>                    </u>		Aggregate year-to-date	\$ <u>700.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Koch Companies public sector, LLC</u>		<u>12/14/10</u>	\$ <u>500.00</u>
Mailing Address <u>600 14th Street, NW, Suite 800</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Washington, DC 20005</u>		<u>  /  /  </u>	\$
Name of Employer (Required) <u>                    </u>		<u>  /  /  </u>	\$
Occupation (Required) <u>                    </u>		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>                    </u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&amp;T Mississippi PAC</u>		<u>8/16/10</u>	\$ <u>500.00</u>
Mailing Address <u>175 E Capital St., Landmark Center, Room 703</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		<u>  /  /  </u>	\$
Name of Employer (Required) <u>                    </u>		<u>  /  /  </u>	\$
Occupation (Required) <u>                    </u>		Aggregate year-to-date	\$ <u>500</u>

Name of Candidate or Committee Sampson Jackson, II  
 Reporting period                      through 12/31/10

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Atria Client Services, Inc</u>	<u>10/7/10</u>	\$ <u>500.00</u>
Mailing Address <u>333 N. Point Center E.</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Alpharetta, GA 30022</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MPC PAC</u>	<u>7/21/10</u>	\$ <u>250.00</u>
Mailing Address <u>2992 West Beach Blvd</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Gulfport, MS 39502</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>   </u> / <u>   </u> / <u>   </u>	\$
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>   </u> / <u>   </u> / <u>   </u>	\$
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee

Sampson Jackson, II

Page

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of

1

Reporting period

through

~~02/01/10~~

12/31/10

## ITEMIZED DISBURSEMENTS

A. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Southern Legislative Conference		7/31/10	\$ 1,700.00
Mailing Address			
City, State, Zip Code			
Charleston, S.C.			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
Conference			
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Regency Hotel		4/15/10	\$ 294.00
Mailing Address			
Greymont Street			
City, State, Zip Code			
Jackson, MS		12/31/10	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
Room expense outside of session			
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Regency Hotel		1/1/10	\$ 392.00
Mailing Address			
Greymont St			
City, State, Zip Code			
Jackson MS		4/4/10	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 392.00
Room Expense during session			
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$